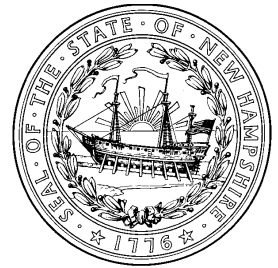




University of Massachusetts Medical School
Disability and Community Services
PASRR Office for New Hampshire
333 South Street Shrewsbury, MA 01545



Contact Information
1-844-315-5070
TTY: 508-421-6129
Fax: 1-844-315-5069
NHReviews@UMassmed.edu

Notice to Individuals Seeking Admission to Nursing Facility

Individual's Name: _____

Address: _____

Legal Guardian/Representative's Name: _____

Address: _____

Referring Physician's Name: _____

Address: _____

State and federal regulations require that a preadmission screening to identify whether an individual is suspected of having a mental illness and/or intellectual/developmental disability or a related condition. This screening must occur **before** any person is admitted to a Medicaid participating nursing facility, regardless of whether the individual's nursing facility care will be paid privately or by Medicaid or Medicare.

You are being given this NOTICE because you want to go to a nursing facility and you may have a Mental Illness and/or Intellectual/Developmental Disability or a related condition. Therefore, your application is being sent to the PASRR office for New Hampshire. Occasionally, the PASRR office will request that the local behavioral health center and/or area agency obtain additional information to assist us in making a final determination.

The PASRR office will notify you if the information provided **does not confirm** that you have a Mental Illness and/or Intellectual/Developmental Disability or a related condition, in which case the PASRR office will no longer be involved in making decisions about your appropriateness for admission to a nursing facility.

If the screening **does confirm** that you have a Mental Illness and/or Intellectual/Developmental Disability or related condition, then the PASRR office will determine whether or not you are appropriate for admission to a nursing facility and whether you would benefit from specialized services.

PASRR decisions may be appealed in writing to the Office of Client and Legal Services; 105 Pleasant Street, Concord, NH 03301 provided this is done within thirty-five (35) days from the date on the letter notifying you of the results of the screening. If you have questions or need more help to understand this process, you may call the PASRR office at 1-844-315-5070.

I certify that the information in this notice has been reviewed with the individual listed above.

Name and Title

Date

Original to be kept in applicant's file and a copy given to applicant.